

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889697** FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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14	1					
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17		1				
18		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	25					
TOTAL CLAIMS	27					

	* IND.		* DEP.		* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS